Name in Full

Certificate of Death 66

Basil Julius Bailey

Died at Town Drum Point County Calvert County MARYLAND

Date 189 9 Month 7 Day 14 | Age Y. — M. 6 D. 3 | Native of Calvert | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

82

Father's Name Basil Y. Bailey

Mother's Name (maiden) Mary A. Lake

Cause of Death: Primary Cholera Infantum & Dentition

Immediate Convulsions & Inanition

How long sick 9 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by E Huggins M D.

Address Bertha Calvert Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Bowen

Certificate of Death 61

Died at Town Barstow County Calvert MARYLAND

Date 1899 Month July Day 3 | Age Y. — M. — D. 2 | Native of Calvert Co | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Elijah Bowen

Mother's Name Mary A. King

Cause of Death: Primary Premature Birth

Immediate Asphyxia

138

How long sick 2 days

~~Accident, Suicide, Homicide~~

Reported by Geo. H. Jones M.D.

Address Barstow Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Catherine Fowler

Certificate of Death: 62

Died at: near Lisch. Town: Wolf. County: Colvert MARYLAND

Date 189 9 Month July Day 18 | Age about Y. 60 M. D. | Native of St. Mary's Co. | Occupation Housewife

~~Male~~ | ~~White~~ | Married | ~~Widow~~ | ~~Divorced~~

Female | Colored | ~~Single~~ | ~~Widower~~ | Number of children living 5

~~Husband~~ of Wife: Joe. Fowler

Father's Name: Wm. Immifer

Mother's Name: Becky Waters

Cause of Death: Primary: Volvular Disease (Mitral) | How long sick

Immediate: Emb. Dropsy 57 | Accident, Suicide, Homicide

Reported by: Geo. H. Stone

Address: Barstow Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Norman Gross

Certificate of Death: 69

Died at: Town: Mutual — County: Calvert — MARYLAND

Date 1899: Month 7 Day 1 — Age: Y. 6 M. — D. — Native of: Calvert — Occupation: Child

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Robt. Gross — Mother's Name: Maria Bowers

Cause of Death — Primary: Meningitis 39a — How long sick: 1 week

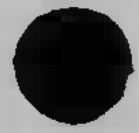
Immediate: Pneumonia — ~~Accident Suicide Homicide~~

Reported by: P Buscon

Address: Mutual Calvert Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name in Full

Certificate of Death

63

George Johnson

Died at Town Lusby County Calvert MARYLAND

Date 189 9 Month July Day 26 | Age Y. 83 to 85 M. D. | Native of Calvert | Occupation Farmer

Male ~~Female~~ | ~~Wife~~ Colored | Married Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband of ~~Wife~~ Lettie Johnson

Father's Name Not known | Mother's Name Not known

Cause of Death: Primary Old age | 141 | How long sick 3/4 months

Immediate Asthma

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Jas L. Guckert Undertaker

Address Lusby Calvert Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65566

S. E. Huggins replied
that the cause of death was
Angina Pectoris.

Name in Full

Wm McKinley Johnson

Certificate of Death

68

Died at Town Dunkirk County Calvert MARYLAND

Date 1899 Month July Day 26. | Age Y. 2 M. — D. — | Native of Calvert Co. | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name Joshua Johnson

Mother's Name Margaret Cortee

Cause of Death: Primary Malaria 19 — How long sick 4 days

Immediate Convulsions, Asthenia — ~~Accident, Suicide, Homicide~~

Reported by Thos. M. Chaney M. D.

Address Dunkirk, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Carrie A. King

Certificate of Death

67

Died at Town: Barstow County: Calvert MARYLAND

Date 189 9 Month: July Day: 25 | Age Y. 39 M. 3 D. 19 | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living 6

~~Husband~~ Wife of Thos. E. King

Father's Name Emanuel Sellers | Mother's Name Margaret Sellers

Cause of Death: Primary Aortic Regurgitation | How long sick 6 yrs

Immediate Dropsy 5-7 | Accident, Suicide, Homicide

Reported by D. M. King M D

Address Barstow Calvert Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full: William Trufton

Certificate of Death 65

Died at Town: Olivet County: Calvert. MARYLAND

Date 1899 Month: July Day: 21 Age Y. 72 M. — D. — Native of: Calvert Occupation: Oysterman

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living: None.

~~Husband~~ ~~of~~ ~~Wife~~ widower

Father's Name: Can not say

Mother's Name: Can not say. 55

Cause of Death: Primary: Can not say.

Immediate: Hydro-Pericarditis

How long sick: I do not know but think about two months.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: E Huggins M.D.

Address: Bertha.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Maggie S Wood

Certificate of Death 64

Died at Town Portrepublic County Calvert MARYLAND

Date 1899 Month July Day 20 | Age Y. 25 M. 4 D. | Native of Maryland | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband / Wife of Franklin W. Wood

Father's Name Agustus Bowen

Mother's Name Fannie Sly

Cause of Death: Primary 22a

Immediate Consumption

How long sick 3 yrs

Accident, Suicide, Homicide

Reported by I. N. King M D

Address Barstow Calvert Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B